

# Deputy State Veterinarian Seminar

Montana Department of Livestock



# Accreditation Seminar Agenda

Dept. of Livestock Conference Room #319

Thursday, January 22, 2014

8:30 a.m.

**8:00 – 8:30**

**CHECK IN**

**8:30 – 9:00**

**WELCOME, INTRODUCTIONS, ROLL CALL**

**9:00 – 10:00**

**STATE: GENERAL INFO**

Dr. Tahnee Szymanski, Assistant State Veterinarian

- Roles and Responsibilities of a Montana Deputy Veterinarian;
- Role of the Department of Livestock; Administrative Rules; Disease Control; Disease Quarantines; Disease Reporting and Disclosure

**10:00 – 10:15**

**BREAK**

**10:15 – 11:15**

**FEDERAL: GENERAL INFO – CATEGORY I & II**

Dr. Tom Linfield, APHIS – AVIC

- VS-Montana Introductions / NVAP Overview
  - Responsibilities / Standards For Accredited Veterinarians
  - Overview of 9 - Code of Federal Regulations (CFR)
  - Proper Use of International Export Health Certificates / International Export Regulations / Examples of Health Certificates
- FADs – Category I Animals

**ANNOUNCEMENTS** – lunch order, forms and CVI book order info

**11:15 – 12:15**

**STATE LAB PORTION**

Dr. Bill Layton, Administrator Diagnostic Laboratory

- Diagnostic Laboratory Review

**12:15 – 12:45**

**LUNCH BREAK**

**12:45 – 2:00**

**FEDERAL: CATEGORY II**

Dr. Tom Linfield, APHIS – AVIC

Michelle Peterson, APHIS – Export Document Examiner/NVAP Coordinator

- VEHCS (Veterinary Export Health Certificate System)
- Canadian Export Certificates (new statements)
- VS Programs (Traceability, Eradication Programs)
- FADs – Category II Animals
- Tuberculosis: Caudal Fold and Comparative Cervical Techniques
- VSPS, Electronic Forms

**2:00 – 2:15**

**BREAK**

**ANNOUNCEMENTS** – form and CVI book order collection

**2:15 – 3:00**

**STATE: LARGE ANIMAL INFO & TRICH CERTIFICATION**

Dr. Tahnee Szymanski, Assistant State Veterinarian

- Brucellosis – DSA Dr. Eric Liska, Brucellosis Program Veterinarian
- Traceability
- Form review
- Trichomoniasis

**3:00**

**CHECKOUT** – sign out and don't forget to pick up your form order from room 323!

**SUPPLIES:**

*Room 323 - State Forms & Trichomoniasis Testing Forms/Tags*

*Room 101 – Other Supplies*

Governor appointed Board comprised of 7 members: 1 each of dairy, sheep, swine and 4 beef producers.

## MONTANA DEPARTMENT OF LIVESTOCK

# Animal Health Division

- Administrative Rule of Montana
- Import regulations
- Disease reporting
  - Foreign Animal Disease Preparedness/Response
- Disease control programs
  - Brucellosis
    - Cattle brucellosis program
    - B. ovis certified flocks
  - Trichomoniasis
    - Trich certified quarantine feedlots
  - Rabies
- Alternative Livestock Program
- Special Permitting:
  - Border grazing
  - 6 month equine passport
  - Annual horse permit
  - NPIP
  - Biologics

# MDOL Divisions

- Diagnostic Laboratory in Bozeman
  - AAVLD Certified
  - NAHLN member
- Brands Enforcement Division
  - Brand inspection required on cattle, horses, & sheep to cross county lines
  - 3 Animal health/Brand investigators-Law enforcement
  - 18 district investigators-Law enforcement
  - 13 Markets +/- Law enforcement
- Meat, Milk and Egg Bureau
  - Licenses producers of milk and eggs
  - Meat inspection of State licensed plants

# 32.3.138 DEPUTY STATE VETERINARIAN

## DEFINITIONS

- 2) "Deputy State Veterinarian" means a veterinarian licensed in the state of Montana and deputized to perform state functions pursuant to ARM 32.3.139 of this subchapter who is not a current employee of the department or the United States Department of Agriculture (USDA).



## 32.3.139 APPOINTMENT

The department is authorized to deputize a veterinarian when it determines that such veterinarian:

- Is licensed to practice veterinary medicine in Montana;
- Is a current USDA accredited category I or category II veterinarian;
- Has made formal application for deputization upon forms provided by the department;
- Has been recommended by the state veterinarian; and
- Has attended the department deputy state veterinarian training.

## 32.3.140 DUTIES

- a) Be aware of and follow all applicable regulations and instructions as outlined on the Deputy State Veterinarians section of the department's website;
- b) Be aware of and follow all applicable regulations and instructions as outlined in 9CFR;
- c) Quarantine in writing all animals exposed to a quarantinable disease upon suspicion of diagnosis in the absence of, or on the order of the state veterinarian. Immediate notification of quarantine must be made to the Montana State Veterinarian's office by phone, fax, or mail;
- d) Report immediately all cases of quarantinable diseases (ARM 32.3.104 and 32.3.105) to the state veterinarian in Helena, by telephone or fax;
- e) Release quarantine upon the direction of the state veterinarian and ARM 32.3.106 through 32.3.108;



## 32.3.140 DUTIES (cont.)

- f) Be responsible for proper use of all official certificates, forms, records, reports, tags, or other official identification used in the work as a deputy state veterinarian and take proper precautions to prevent misuse thereof;
- g) Immediately report the loss, theft, deliberate or accidental misuse of any official document or materials as listed above in (1)(d), and must keep these materials in only his/her custody prior to official use;
- h) File a monthly form regarding other reportable diseases;
- i) Mail weekly, all required inspection forms, test charts, certificates of veterinary inspection, and vaccination certificates made during the week.

# Duties of a Deputy State Veterinarian

Mail weekly all interstate certificates of veterinary inspection (ICVI)'s, test charts, inspection forms and vaccination certificates.

- CFR 86.5 (b)(1) ... the accredited veterinarian issuing an ICVI must forward a copy of the ICVI or other documentation to the state animal health official of the state of origin within 7 calendar days of the date of issuance.
- CFR 86.5 (b)(2) ... must keep a copy of the ICVI or alternate documentation...
  - For poultry and swine, for at least 2 years
  - For cattle and bison, sheep and goats, cervids, and equines; for at least 5 years.

# A Right or a Privilege?

- Not all licensed veterinarians are deputized.
- Non deputized veterinarians cannot
  - Issue interstate certificates of veterinary inspection or use other MDOL official forms.
  - Perform official trichomoniasis testing.
  - Quarantine animals within the state of Montana.
- Deputization can be revoked.

# 32.3.141 REVOCATION OR SUSPENSION

- A deputy state veterinarian may have his/her appointment revoked by any of the following:
  - a) Voluntarily surrendered; or
  - b) Becoming ineligible because of revocation or suspension of Montana veterinary license or USDA accreditation; or
  - c) Revoked or suspended by the department for cause, by violating ARM or established policy and/or procedures.

Re-appointment is NOT obligatory.

81-2-107 Duty to Report - A person, including the owner or custodian, who has reason to suspect the existence of a dangerous, infectious, contagious, or communicable disease in livestock or the presence of animals exposed to the disease in this state shall immediately give notice to the department.

## DISEASE REPORTING

# Montana Reportable Animal Diseases



MCA 81-2-107 Duty to Report Contagious Disease "A person, including the owner or custodian, who has reason to suspect the existence of a dangerous, infectious, contagious, or communicable disease in livestock or the presence of animals exposed to the disease in this state shall immediately give notice to the department."

## Diseases requiring IMMEDIATE reporting!

May be reported to either the state  
or federal office.

A verbal quarantine should be placed  
on premises.

### IMMEDIATELY NOTIFY STATE AND FEDERAL OFFICIALS and QUARANTINE:

ARM 32.3.104 Diseases or conditions requiring reporting and quarantine.

Acute swine erysipelas	<b>Equine encephalomyelitis*</b> (EEE, WEE, VEE)	<b>Porcine Epidemic Diarrhea PEDv*</b>
African horse sickness	Equine infectious anemia	Pseudorabies (Aujeszky's disease)
African swine fever	Equine piroplasmiasis	Rabbit hemorrhagic disease
Avian influenza ( <b>High pathogenic*</b> or Low pathogenic)	<b>Exotic Newcastle disease*</b>	<b>Rift Valley fever*</b>
Bovine babesiosis	Foot and mouth disease	Rinderpest
<b>Bovine spongiform encephalopathy*</b>	Fowl typhoid ( <i>Salmonella gallinarum</i> )	Scrapie
<b>Brucellosis* (<i>Brucella abortus</i>, <i>B. melitensis</i>, <i>B. suis</i>, <i>B. canis</i>)</b>	<b>Glanders (<i>Burkholderia mallei</i>*)</b>	Sheep pox and goat pox
Cattle fever tick ( <i>Boophilus annulatus</i> , <i>B. microplus</i> )	Heartwater ( <i>Cowdria ruminantium</i> )	Surra ( <i>Trypanosoma evansi</i> )
Chronic wasting disease	<b>Japanese encephalitis*</b>	Swine influenza (H1N1)
Classical swine fever (Hog cholera)	Lumpy skin disease	Swine vesicular disease
Contagious bovine pleuropneumonia ( <i>Mycoplasma mycoides mycoides</i> )	Malignant catarrhal fever	Trypanosomiasis (Tse-tse borne)
Contagious equine metritis	Mange** ( <i>Psoroptes ovis</i> , <i>Sarcoptes scabiei*</i> or <i>Chorioptes sp.</i> )	<b>Tuberculosis* (<i>Mycobacterium bovis</i>)</b>
Dourine ( <i>Trypanosoma equiperdum</i> )	Nairobi sheep disease	Vesicular exanthema
	New and Old World Screwworm	Vesicular stomatitis
	<b>Nipah virus encephalitis*</b>	Viral hemorrhagic septicemia
	Peste des petits ruminants	

\*Zoonotic disease

\*\*Only *Psoroptes mange* is quarantinable

### IMMEDIATELY NOTIFY STATE OFFICIALS and QUARANTINE:

(These diseases are not Federally reportable)

ARM 32.3.104 Diseases or conditions requiring reporting and quarantine.

<b>Anthrax*</b>	Equine viral arteritis	<b>Rabies*</b>
Bluetongue	Equine rhinopneumonitis, neurologic form (EHV-1)	Theileriosis
Contagious agalactia ( <i>Mycoplasma spp</i> )	Ovine pediculosis	Trichomonosis
Contagious caprine pleuropneumonia	<b>Plague* (<i>Yersinia pestis</i>)</b>	<b>Tularemia*</b>
Contagious foot rot	Pullorum disease ( <i>S. pullorum</i> )	<b>West Nile virus*</b>
Crimean Congo hemorrhagic fever	<b>Q-Fever* (<i>Coxiella burnetii</i>)</b>	

\*Zoonotic disease

#### Montana Department of Livestock

P.O. Box 202001  
Helena, MT 59620-2001  
Phone: 406-444-2043  
FAX: 406-444-1929  
Afterhours: 406-444-2976

#### USDA-APHIS-VS

208 N. Montana Ave. Suite 101  
Helena, MT 59601-3837  
Phone: 406-449-2220  
FAX: 406-449-5439

Dr. Martin Zaluski, State Veterinarian

(revised 1/20/2015)

Dr. Thomas F.T. Linfield, AVIC

# Quarantine

As a DSV you have quarantine authority in MT:

- Verbal or written.
- Information must be relayed to MDOL.

Pending the result of diagnostic testing, MDOL may issue a formal quarantine from our office.

**STATE OF MONTANA**  
**DEPARTMENT OF LIVESTOCK**  
 Animal Health Division  
 PO Box 202001  
 Helena, MT 59620-2001  
 Ph (406) 444-2043      FAX (406) 444-1929

ORIGINAL – To Owner  
 XXXXXXXX

**ORDER of QUARANTINE**

*Please print or type legibly*

NAME: _____	PHONE: _____
ADDRESS: _____	CELL PHONE: _____
_____	FAX NUMBER: _____
CITY, STATE, ZIP: _____	COUNTY: _____
PHYSICAL _____	PREMISE _____
LOCATION: _____	ID NUMBER: _____

You are hereby notified that \_\_\_\_\_ in your possession (are / may be) affected with or exposed to \_\_\_\_\_. By authority vested in me by Title 81, Chapters 2 and 20, Montana Codes Annotated, I hereby quarantine all of said animals which are more particularly described as follows:

No.	Specie	Sex	Age	Color	Breed	Additional Identification

I hereby quarantine the following described premise(s):  
 GPS COORDINATES: \_\_\_\_\_

**Until further notice, these animals should not be removed from the quarantined premises until this order is modified or vacated or until removal has been authorized by a representative of the Department of Livestock, Animal Health Division.** Issued in accordance with the Administrative Rules of Montana 32.3. \_\_ at \_\_\_\_\_, Montana, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Authorized Quarantine Agent Signature

(06/2010)
FORM SV-8

# MONTHLY Disease Reporting

Report to state office by phone, fax, or email.

## Montana Reportable Animal Diseases

Report to STATE Officials within 30 days:

### MULTIPLE SPECIES:

**Campylobacteriosis\***  
**Cryptosporidiosis\***  
**Echinococcosis/hydatidosis\***  
 Heartworm  
**Leishmaniasis\***  
**Leptospirosis\***  
**Listeriosis**  
 Paratuberculosis (Johne's Disease)  
**Salmonellosis\***  
**Trichinellosis\***

### CATTLE/BISON:

Bovine anaplasmosis  
**Bovine cysticercosis\***  
 Bovine genital campylobacteriosis  
 Bovine viral diarrhea  
 Dermatophilosis (*Dermatophilus congolensis*)  
 Enzootic bovine leukosis  
 Hemorrhagic septicemia (*Pasteurella multocida*)  
 Infectious bovine rhinotracheitis/  
 infectious pustular vulvovaginitis

### EQUINE:

Epizootic lymphangitis  
 Equine rhinopneumonitis  
 Equine influenza  
 Horse mange  
 Horse pox  
 Potomac Horse Fever

### SHEEP/GOATS:

Caprine arthritis/encephalitis  
 Enzootic abortion of ewes (Ovine chlamydiosis)  
 Ovine epididymitis (*Brucella ovis*)  
 Ovine progressive pneumonia/Maedi -Visna  
 Ovine pulmonary adenomatosis  
 Salmonellosis (*S. abortusovis*)

### SWINE:

Atrophic rhinitis of swine  
**Porcine cysticercosis\* (*Cysticercus cellulosae*)**  
 Porcine reproductive and respiratory syndrome  
 Transmissible gastroenteritis

### AVIAN/POULTRY:

**Avian chlamydiosis\* (*Psittacosis*)**  
 Avian infectious bronchitis  
 Avian infectious laryngotracheitis  
 Avian mycoplasmosis (*M. gallisepticum*, *M. synoviae*)  
 Duck virus enteritis  
 Duck virus hepatitis  
 Fowl cholera  
 Infectious bursal disease (Gumboro disease)  
 Marek's disease  
 Turkey rhinotracheitis (Avian pneumovirus)

### LAGOMORPHS:

Myxomatosis

### AQUACULTURE:

Epizootic hematopoietic necrosis  
 Epizootic ulcerative syndrome  
 Gyrocactylosis  
 Infectious hematopoietic necrosis  
 Infectious salmon anemia  
 Koi herpesvirus disease  
 Oncorhynchus masou virus disease  
 Red Sea bream iridoviral disease  
 Spring viremia of carp

**\*Zoonotic disease**

### Montana Department of Livestock

P.O. Box 202001  
 Helena, MT 59620-2001  
 Phone: 406-444-2043  
 FAX: 406-444-1929  
 Afterhours: 406-444-2976

Dr. Martin Zaluski, State Veterinarian

(Revised 1/20/2015)



# Please remember...

- Only submissions through the Montana Veterinary Diagnostic Laboratory are automatically reported to our office.
  - If you are using an alternate laboratory or are doing in house diagnostics, you must notify our office when a reportable disease is diagnosed.
- The reportable disease list is dynamic.
  - Additions/removals based upon feedback.

Montana Stockgrowers  
Association 2011

In the Past 12  
months...



Brucellosis  
Johne's  
Q-Fever  
West Nile Virus  
Rabies  
Equine Herpes Virus – 1  
OPP

CAE  
Heartworm

Montana law references the Compendium of Animal Rabies Prevention and Control (2011).

# RABIES

# Vaccination

- No state law requiring rabies vaccination
- Vaccination requirements are set by city and county ordinances.
- Vaccination certificates should be consistent with the vaccine label

RABIES VACCINATION CERTIFICATE NASPHV FORM 51 (revised 2007)				
Owner's Name & Address <small>Print Clearly</small>			RABIES TAG #	
			MICROCHIP #	
LAST	FIRST	M.I.	TELEPHONE #	
NO.	STREET		CITY	STATE ZIP
SPECIES Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> (specify) _____	AGE Months <input type="checkbox"/> Years <input type="checkbox"/> SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED	PREDOMINANT COLORS/MARKINGS
Animal Control License	DATE VACCINATED Month / Day / Year	Product Name: Manufacturer: (First 3 letters) <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine <input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose Vaccine Serial (lot) Number	ANIMAL NAME Veterinarian's Name: License Number: Veterinarian's Signature Address:	
NEXT VACCINATION DUE BY: Month / Day / Year				

# Can someone other than you administer the rabies vaccination?

## 32.3.2301 CONTROL OF BIOLOGICS

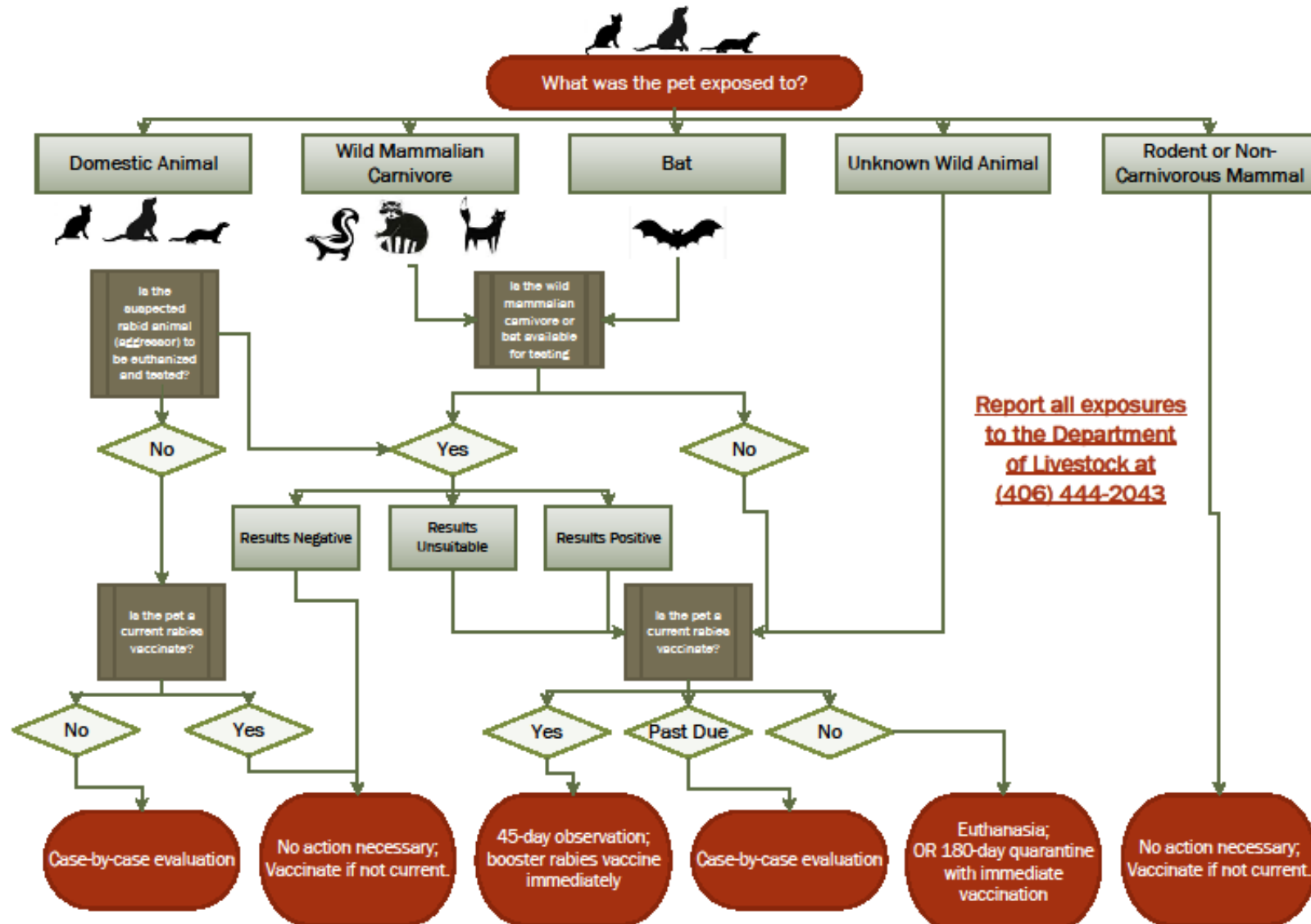
(5) The sale of any rabies biologic except to a licensed veterinarian or public health agency is prohibited.

### **Compendium of Animal Rabies Prevention and Control, 2011**

- **Preexposure Vaccination and Management.** Parenteral animal rabies vaccines should be administered only by or under the direct supervision of a licensed veterinarian on the premises. Rabies vaccinations may also be administered under the supervision of a licensed veterinarian to animals being held in animal control shelters before release. The veterinarian who signs the rabies vaccination certificate must ensure that the person administering vaccine is identified on the certificate and is appropriately trained in vaccine storage, handling, administration, and in the management of adverse events. This practice ensures that a qualified and responsible person is held accountable for properly vaccinating the animal.

# Montana Department of Livestock DOMESTIC ANIMALS RABIES EXPOSURE ASSESSMENT TREE

Rev 1/15/14



# What is the veterinarian's role?

## 45 day observation

- Communication with and education of client

## 6 month quarantine

- Vaccination of animal at beginning of quarantine period
- Monthly examination of animals under quarantine
- Communication with and education of client

# Human Exposure

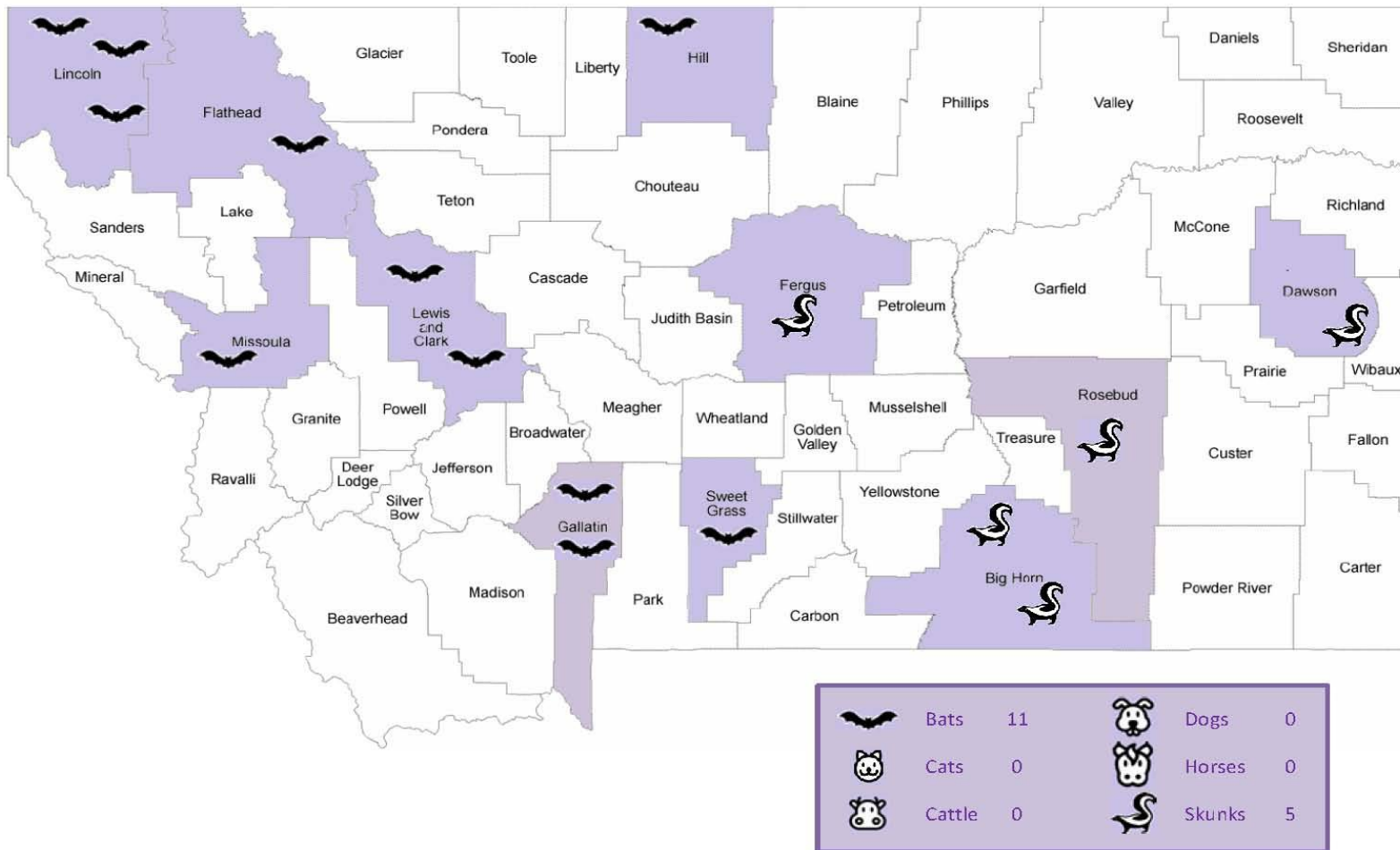
- MDOL and DPHHS will work with the individual, the local veterinarian, animal control and local public health officials to determine case management.
- Human bitten by animal:
  - Contact animal control and public health
  - 10 day quarantine at veterinary clinic or animal shelter regardless of vaccination status
  - Do not euthanize animal without permission & without testing!



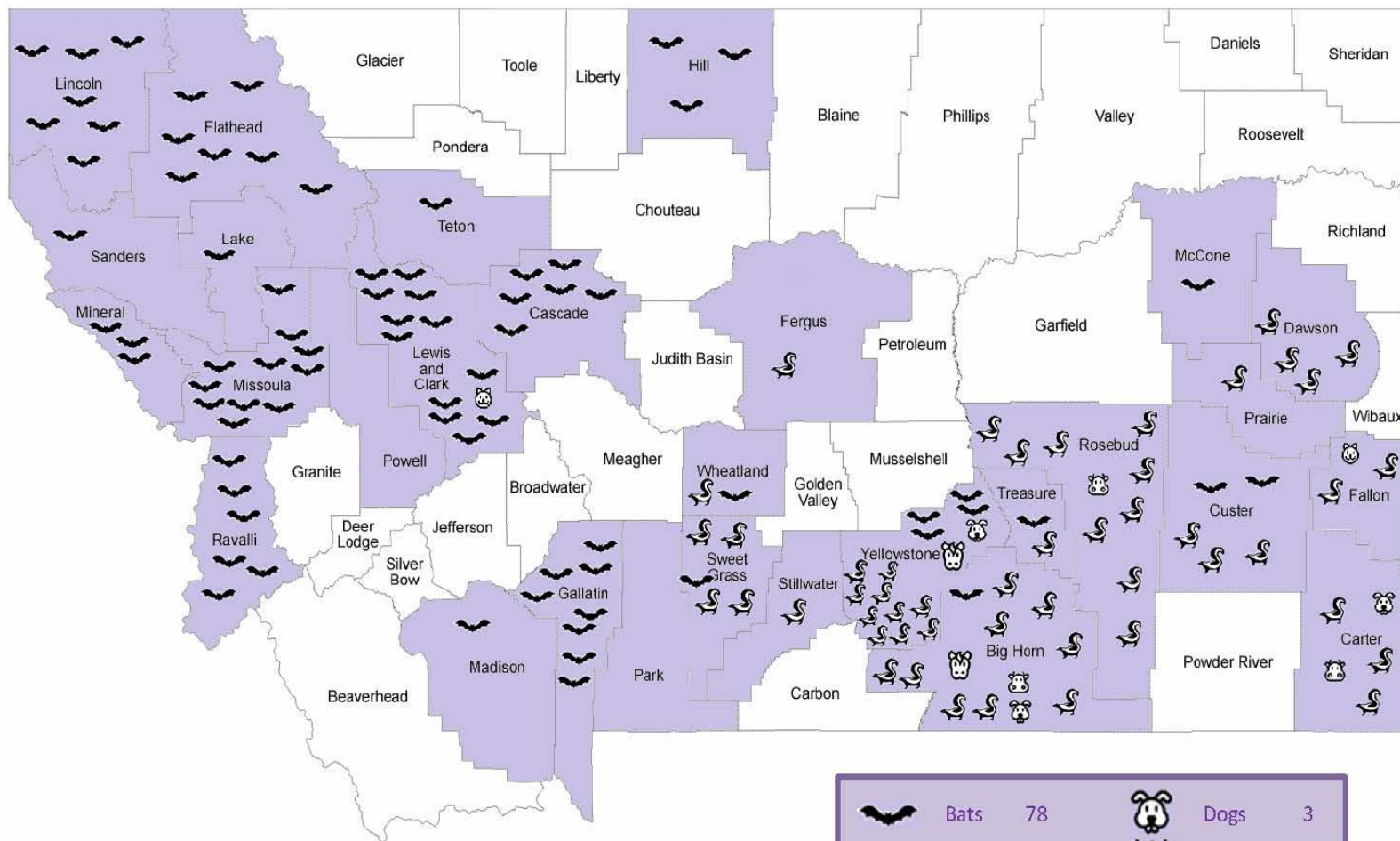
# 2014 Distribution by Species

## 2014 MT Rabies Distribution by Species

Cumulative



## 2009 – 2014 MT Rabies Distribution by Species



# Positive Cases

- Counties are quarantined for 60 days following diagnosis of terrestrial rabies.
  - All dogs, cats and ferrets must be current vaccinates to leave county.
  - Animals who have received their first rabies vaccination must wait 28 days before traveling.

County	Positive Species	Effective Date	Release Date*
Dawson	Skunk	December 4, 2014	February 3, 2015

DIAGNOSTIC LABORATORY REQUEST  
MONTANA DEPARTMENT OF LIVESTOCK  
PO BOX 997, BOZEMAN MT 59771  
PH: (406) 994-4885  
FAX: (406) 994-6344

☐ ROUTINE MAIL  
☒ TELEFAX  
☐ COPY TO OWNER  
☐ EMAIL

9-19-11

<b>SPECIES</b> <input type="checkbox"/> 1 BOVINE <input type="checkbox"/> 6 CANINE <input type="checkbox"/> 2 EQUINE <input type="checkbox"/> 7 AVIAN <input type="checkbox"/> 3 PORCINE <input type="checkbox"/> 8 WILDLIFE <input type="checkbox"/> 4 OVINE <input checked="" type="checkbox"/> 9 OTHER & MISC <input type="checkbox"/> 5 FELINE		<b>ANIMAL INFORMATION</b> NAME OR I.D. Bat		<b>SUBMITTER:</b> Signature _____ Print Surname _____ ADDRESS _____ CITY / STATE _____ PHONE _____ EMAIL _____ OWNER _____ CITY / STATE _____ ZIP CODE _____ COUNTY _____	
<b>SPECIMENS SUBMITTED</b> TISSUES: <input checked="" type="checkbox"/> FRESH <input type="checkbox"/> FIXED ANIMAL: <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> FETUS BLOOD: <input type="checkbox"/> WHOLE <input type="checkbox"/> CLOTTED <input type="checkbox"/> SERUM URINE: <input type="checkbox"/> CYSTO <input type="checkbox"/> FREE CATCH <input type="checkbox"/> SLIDE(s) <input type="checkbox"/> FLUID <input type="checkbox"/> FECAL <input type="checkbox"/> SWAB (Specify Source) <input type="checkbox"/> OTHER (Specify)		BREED _____ DATE ANIMAL DIED <u>9/16/11</u> DATE SPECIMEN TAKEN <u>9/1</u> DATE SUBMITTED _____		AOR _____ SEX _____ WEIGHT _____ PREVIOUS CASE NO. _____	
<b>FRESH/FIXED TISSUES SUBMITTED:</b>					
<b>HISTORY and DIFFERENTIAL DIAGNOSIS</b> Rabies testing found dead in dog blankets. Thank					
<b>LABORATORY TESTS</b> PATHOLOGY <input type="checkbox"/> NECROPSY		BACTERIOLOGY SOURCE: _____		<input type="checkbox"/> VIROLOGY VIRUS (S) SUSPECTED: _____ <input type="checkbox"/> TOXICOLOGY ROUTINE ABORTION WORK-UP (histology, bacteriology) ADDITIONAL TESTS _____	

Submit entire brain to lab-fresh, not fixed!

# Submission errors:



# ANTHRAX



# Anthrax in MT

- 2008 and 2010:
  - Gallatin County
- 2007 :
  - Sheridan County
- 1985, 1999, 2005:
  - Roosevelt County
- Vaccination of animals in high risk areas is recommended.
  - Requires prior approval from MDOL.
- Anthrax test kits are staged at all MT livestock markets for use in field.



# WEST NILE VIRUS



# 2014 Positive West Nile Virus

DATE COLLECTED	DATE REPORTED	COUNTY	AGE	BREED	SEX	OUTCOME	VACCINATION HISTORY	HISTORY
8/25/2014	8/28/2014	Teton	4	QH	M/C	Survive	Non-vaccinate	Horse pastured near Sun River in Cascade County
8/29/2014	9/2/2014	Gallatin	2	Montana Traveler	M/C	Survive	Non-vaccinate	Ataxic with muscle fasciculations
8/30/2014	9/16/2014	Glacier	10	Alpaca	M/C	Died		Acute onset neurologic signs, rapid deterioration in condition

# 2013 Positive West Nile Virus

<http://www.liv.mt.gov/ah/diseases/wnv/default.mcpv>

---

DATE REPORTED	COUNTY	OUTCOME	VACCINATION STATUS
8/23/2013	Petroleum	Died	NO
8/23/2013	Phillips	Died	NO
8/23/2013	Blaine	Recovering	NO
8/23/2013	McCone	Recovering	NO
8/23/2013	Stillwater	Died	NO
8/26/2013	Big Horn	Recovering	NO
8/27/2013	Cascade	Died	Past due
8/27/2013	Custer	Still clinical	NO
8/27/2013	Musselshell	Died	NO
8/30/2013	Phillips	Recovering	NO
8/30/2013	Pondera	Died	NO

---

# 2013 Positive WNV(cont.)

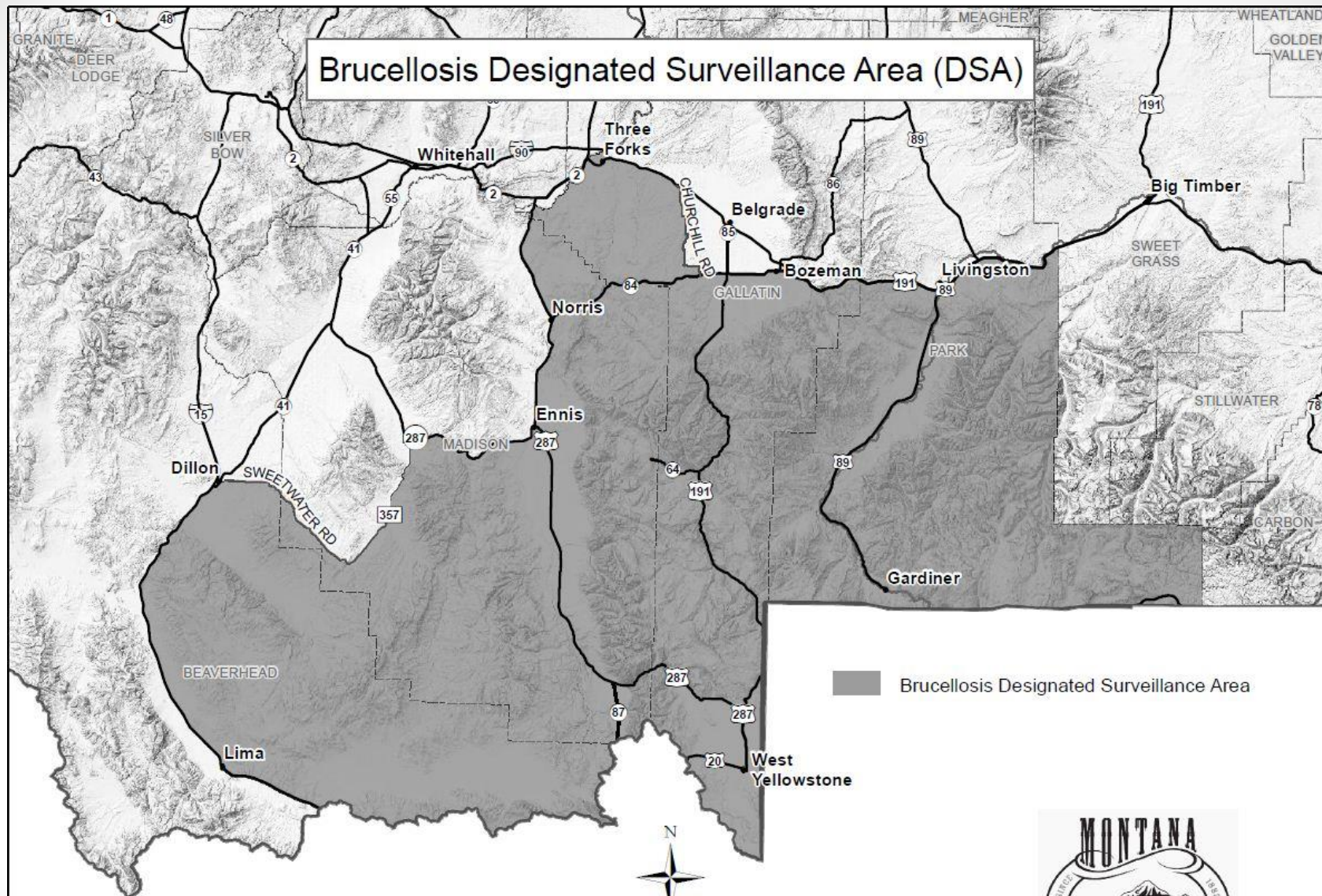
---

DATE REPORTED	COUNTY	OUTCOME	VACCINATION STATUS
9/4/2013	Glacier	Recovering	NO
9/4/2013	Hill	Recovering	NO
9/6/2013	Big Horn	Died	NO
9/6/2013	Big Horn	Recovering	NO
9/6/2013	Park	Recovering	Past Due
9/6/2013	Valley	Recovering	NO
9/10/2013	Carbon	Recovering	NO
9/10/2013	Cascade	Recovering	NO
9/10/2013	Gallatin	Still clinical	NO
9/10/2013	Powder River	Died	NO
9/10/2013	Stillwater	Recovering	NO
9/13/2013	Musselshell	Died	NO
9/13/2013	Teton	Recovering	NO
9/13/2013	Stillwater	Died	NO
9/13/2013	Stillwater		NO
9/13/2013	Lewis & Clark	Recovering	NO
9/13/2013	Fallon	Died	NO

---

# BRUCELLOSIS

# Brucellosis Designated Surveillance Area (DSA)



Map created by Montana Fish, Wildlife & Parks

DSA digitized from description provided by the  
Montana Department of Livestock:  
<http://liv.mt.gov/brucellosis/default.mcp.x>

#23615 - MFWP-DS-MAM 5/28/2014



## 32.3.435 TESTING

1. ALL test eligible animals and cattle or domestic bison of any age if intended to be used for breeding purposes that are or have been within the DSA:
  - a) A test within 30 days prior to movement out of the DSA or change of ownership, unless going to an approved Montana livestock market or directly to a slaughter.
2. A test July 16 or after is acceptable for movement out of the DSA or change of ownership through February 15 of the following year.





32.3.436

# VACCINATION

Within the entirety of counties in which the DSA is located all sexually intact female cattle and domestic bison that are four months of age or older as of January 1 of any year must be Official Calhoun Vaccinates (OCV).



## 2 CC of regularly reconstituted RB51

### OCV

- 4 mos. -12 mos. of age
- OCV tattoo
- Official identification  
(Orange bangs tag, USDA brite tag, or 840 RFID)
- Vaccination certificate
  - Mail to MDOL

### AV

- > 12 mos. of age
  - AV tattoo optional if another tattoo is present
  - Official identification  
(USDA brite tag or 840 RFID)
  - Vaccination certificate
    - Mail to MDOL
- \* Not recommended for pregnant females





**Tattoo plier options:  
Double hinge and Single hinge**

# Tattoo



- Calfhood Vaccination
  - R
  - Veterinary shield
  - Last digit of year of vaccination
- Adult Vaccination
  - R
  - AV
  - Last digit of year of vaccination





Tattoo Ink



**Prep ear by wiping away the ear wax.**





11/09/2008

**Apply a pad of ink.**





**Stamp through the pad of ink.**



January 2015

11/09/2008

**Brush the ink into the holes.**





**Apply bangs tag with  $\frac{1}{4}$  in. growing room.**





**RFID tag application must allow for growth in thickness of ear.**



# 32.3.434 IDENTIFICATION



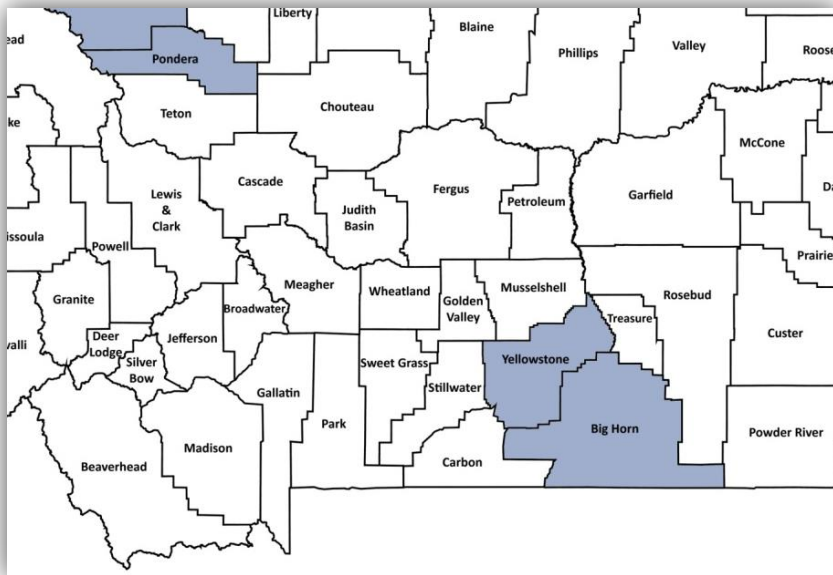
- All sexually intact cattle and domestic bison leaving the DSA must be identified with official individual identification.
- If writing a CVI on animals leaving the DSA, always check with the state of destination for state specific requirements.

# TRICHOMONIASIS

# Trichomoniasis in MT:

- Reportable and Quarantinable
- Program outlines:
  - Trichomoniasis Epizootic Area (Trich EA)
  - Testing requirements
  - Management of positive animals and herds
  - Import requirements
  - Penalties
- State program developed in 2007

# Trichomoniasis Epizootic Area (EA)



- Comprised of the entirety of Glacier, Pondera, Yellowstone, and Big Horn Counties.
- Test requirements for animals within the EA include:
  - All non-virgin bulls sold, loaned, or leased within or from the EA will require a negative official trich test.
  - All non-virgin bulls inspected out of the EA, including animals for change of pasture.

# Statewide Test Requirements:

- Non-virgin bulls from multiple sources going to a common pasture for breeding
  - Exception: Herds with an approved herd health plan on file with MDOL. Herd health plan must include:
    - Best management practices
    - A base line negative test of all non virgin bulls grazing in common
    - A negative test of all newly acquired non-virgin bulls
- Non-virgin bulls imported into Montana.
  - Exceptions: Sporting bovine, CAN origin exhibition, animals imported into CSS certified Bull Semen Collection facilities.

# Virgin Bull:

- <12 months of age
- 12-24 months of age with an owner signed affidavit of virginity

If you are testing bulls for out of state movement, please check state of destination requirements!

# Official Testing:

- Veterinary Testing Protocol:

<http://www.ksvdl.org/resources/video/Testing-for-Tritrichomonas-Foetus.aspx>



# Official Testing:

- Preputial scraping ONLY
- 3 negative weekly cultures
  - 95% sensitivity
  - NOT Specific for T. foetus
- PCR (DNA test)
  - Specific for T. foetus
  - 97% sensitive and specific if sample is properly collected on positive samples.
  - Pooling of samples is now acceptable except for:
    - Known positive herds
    - Epidemiological investigation testing
    - Some interstate movements

# Official Testing:

- Deputy state veterinarian ONLY
- Minimum 2 weeks sexual rest prior to test.
- Minimum 1 week interval between multiple tests.
- Test good for 60 days or immediately upon commingling with female cattle
- Must be performed at an AAVLD accredited laboratory.
- Preferred labs for PCR testing include:
  - **MDOL Veterinary Diagnostic Lab**
  - CSU Veterinary Diagnostic Lab
  - Wyoming State Veterinary Lab

# Trich Positive Bulls:

- Culture positive animals must be confirmed by PCR
- Positive test results must be reported to MDOL within 24 hours.
- A verbal quarantine should be immediately placed on the positive herd.
- MDOL will initiate an epidemiological investigation.
  - This will include mandatory neighbor notification
- Positive bulls restricted to slaughter only
  - Direct to slaughter
  - Trich approved quarantine feedlot
    - Positive bulls branded with a “V” on right tail head

# Trich Positive Herds:

- Movements allowed while under quarantine:
  - Animals direct to licensed market, slaughter, or trich approved quarantine feedlot
  - Virgin bulls
  - Virgin heifers

# Trich Positive Herds:

- Remainder of bull herd requires 3 negative weekly PCRs.
- Producer must work with MDOL to complete a herd management plan.
- Cows <120 days bred or <120 days away from bull are restricted to slaughter channels only.
- Following the next breeding season, all non-virgin bulls require a single negative PCR.
- Mandatory neighbor notification
  - Exposed herds subject to a hold order and official trich testing and certification requirements
  - The identity of the positive herd will be kept confidential by MDOL per MCA 81-2-115 except when “ the administrator determines that disclosure is necessary to prevent the spread of an animal disease.”

# Identification Requirements:

- At the time of a bull's first trich test, a MT trich tag or other approved official individual id tag must be applied.



## 2013 Trichomoniasis Testing Data

This page contains information on Trichomoniasis testing for the year 2013. To view other years, select a year below:

- [2007 Testing Data](#)
- [2008 Testing Data](#)
- [2009 Testing Data](#)
- [2010 Testing Data](#)
- [2011 Testing Data](#)
- [2012 Testing Data](#)
- 2013 Testing Data

### Data by County

January 1, 2013 - May 31, 2013

(click on a column header to sort)

County	Official Negative Tests*	Positive Tests	Percent Positive	Total Females (1000s)	Percent Bulls Tested***
BEAVERHEAD	560	0	0.0%	72.0	19.4%
BIG HORN	405	0	0.0%	49.0	20.7%
BLAINE	185	0	0.0%	52.0	8.9%
BROADWATER	2	0	0.0%	13.7**	0.4%
CARBON	85	0	0.0%	29.5	7.2%
CARTER	22	0	0.0%	39.5	1.4%
CASCADE	117	0	0.0%	40.0	7.3%
CHOUTEAU	41	0	0.0%	27.5	3.7%

## Testing Data

Trich Test Data  
 available on  
 department website at  
[http://www.liv.mt.gov/ah/diseases/Trichomoniasis/trichdata\\_2013.mcp](http://www.liv.mt.gov/ah/diseases/Trichomoniasis/trichdata_2013.mcp)

# TRACEABILITY



# Traceability Framework

- Primary components to the federal rule:
  - Official identification
  - Certificate of veterinary inspection (health certificate)
  - Recordkeeping



# Official Identification

- Cattle and/or bison moving interstate are required to be officially identified prior to interstate movement if they are:
  - Sexually intact animals 18 months of age and over
  - Used for rodeo or recreational events (any age)
  - Used for shows or exhibitions (any age)
  - Female dairy cattle of any age
  - Dairy males born after March 11, 2013
- Please note, cattle and domestic bison originating from Montana's DSA have additional identification requirements.

# Official Identification

- EXEMPTIONS TO OFFICIAL IDENTIFICATION REQUIREMENTS INCLUDE ANIMALS MOVED:
  - As a commuter herd.
  - Directly from a location in one State through another State to a second location in the original State.
  - Directly to an approved tagging site.
  - Between shipping and receiving States or Tribes with another form of identification, as agreed upon by animal health officials in the shipping and receiving states.
  - Directly to a recognized slaughtering establishment or directly to no more than one approved livestock facility and then directly to a recognized slaughtering establishment, where they are harvested within 3 days of arrival AND they are moved with a USDA approved backtag.

# Official Identification

- ACCEPTABLE FORMS OF OFFICIAL IDENTIFICATION:
  - An official eartag (840 RFID tag, metal bangs tag, silver metal USDA tag)
  - Brands registered with a recognized brand inspection authority when approved by both the shipping and receiving states.
    - **Animals must be accompanied by an official brand inspection certificate.**
  - Registered breed tattoos when approved by both the shipping and receiving states. Animals must be accompanied by a breed registration certificate.
    - **Montana does not currently recognize breed tattoos as an official form of official individual identification.**

# Certificate of Veterinary Inspection

- Cattle and bison moved interstate must be accompanied by an interstate certificate of veterinary inspection (ICVI) unless they are moved:
  - Directly to a recognized slaughtering establishment, or to an approved livestock facility and then directly to a recognized slaughtering establishment, and they are accompanied by an owner-shipper statement.
  - Directly to an approved livestock facility with an owner-shipper statement and do not move interstate from the facility unless accompanied by an ICVI.
  - From farm of origin for veterinary medical examination or treatment and returned to farm of origin without change of ownership.
  - Directly from state through another state and back to the original state.
  - As a commuter herd with a copy of the commuter herd agreement as agreed by both the shipping and receiving states.
  - Between shipping and receiving states with documentation other than an ICVI, e.g., a brand inspection certificate, only when agreed upon by animal health officials in both states.

# FEDERAL TRACEABILITY REQUIREMENTS BY TYPE OF MOVEMENT

<u>Class of Cattle</u>	<u>Origin of Interstate Movement</u>	<u>Out of State Destination</u>	<u>Official Identification Required?</u>	<u>ICVI</u>	<u>Owner Shipper Statement</u>
Sexually intact beef cattle 18 months of age and over  Sexually intact dairy cattle  Castrated dairy cattle born after March 11, 2013  Exhibition animals	Ranch Collection Point Veterinary Clinic Other	MARKET TAGGING SITE			✓
		MARKET NON TAGGING SITE	✓*		✓
		TAGGING SITE		✓	
		NON TAGGING SITE (RANCH)	✓	✓	
		SLAUGHTER			✓
	Market	MARKET TAGGING SITE			✓
		MARKET NON TAGGING SITE	✓		✓
		TAGGING SITE		✓	
		NON TAGGING SITE	✓	✓	
		SLAUGHTER	Backtag		✓
Sexually intact beef cattle <18 months of age  Castrated beef cattle of any age	Ranch Collection Point Veterinary Clinic Other	MARKET TAGGING SITE		✓**	
		MARKET NON TAGGING SITE		✓**	
		TAGGING SITE		✓	
		NON TAGGING SITE		✓	
		SLAUGHTER			✓
	Market	MARKET TAGGING SITE			✓
		MARKET NON TAGGING SITE			✓
		TAGGING SITE		✓	
		NON TAGGING SITE (RANCH)		✓	
		SLAUGHTER			✓
Market = Federally approved livestock facility      Slaughter = Federally approved slaughter plant      Tagging Site = State approved tagging facility Official Identification = RFID tag, metal bangs tag, or silver metal USDA tag      ICVI = Interstate Certificate of Veterinary Inspection, AKA Health Certificate					

- Montana's specific import requirements are outlined in the Traceability Requirements for Cattle Imported into Montana dated June 1, 2013.
- For cattle leaving Montana, always check with the state of destination. States may have additional requirements OR may accept an alternate approved form of official ID (e.g., brand inspection or breed tattoo) or ICVI (e.g., brand inspection).
- Brand inspections are required for all interstate movements of cattle out of Montana.

\*Federally approved markets may accept animals without official identification if animals are restricted to slaughter ONLY.

\*\*Animals moving from farm of origin to market do not require a CVI per CFR Part 78.9(a)(3)(i).

Health Certificate

# INTERSTATE CERTIFICATE OF VETERINARY INSPECTION (ICVI)

# Certificate of Veterinary Inspection (CVI)

- Examination/inspection of animals MUST be performed within 10 days prior to date of issuance unless monthly visits conducted.
- Valid for 30 days from the date of inspection.
- Required for out of state travel and some in-state exhibitions/shows.
- Must meet state of destinations import requirements.
- Animals returning to MT must meet our import requirements.
- Montana requires a re-entry permit, valid for 10 days, listed on the CVI (406-444-2976).



# Certificate of Veterinary Inspection (CVI)

- Fill out CVI completely and **legibly**, this is a legal document.
- Document all exemptions or special instructions including the name of person giving information.
- Accurately describe the age, gender, species, color and official ID of all animals on shipment.
- Verify test results.
- Do NOT re-tag animals with existing official ID (Bangs tags, silver USDA tags, Scrapie or RFID tags).
- Obtain all required permits:
  - State of destination import permit?
  - Montana re-entry permit if applicable.
- Sign and date the form.

Montana Department of Livestock, State Veterinarian  
PO Box 202001, Helena MT 59620-2001  
406-444-2043

MONTANA  
CERTIFICATE OF VETERINARY INSPECTION

81-717345

TO ACCOMPANY SHIPMENT

Contact State of Destination for  
Movement Requirements and  
Certificate Validity Duration

FOR FOREIGN SHIPMENTS (Outside United States of Leaving United States) USE FEDERAL FORM

BRAND INSPECTION  
FORM # ISSUE DATE

INSPECTION DATE: 6/20/14 ISSUE DATE: 6/26/14 ENTRY PERMIT:

NAME CONSIGNOR Jbe Cattleman		NAME CONSIGNEE Bob Breeder		NAME CARRIER	
PHYSICAL ADDRESS 123 Cattle Creek Rd		PHYSICAL ADDRESS PO Box 123		PHYSICAL ADDRESS	
CITY, STATE, ZIP, COUNTY PHONE Cattleville MT L.C. 59601 123-4567		CITY, STATE, ZIP, COUNTY PHONE Breedville NE 68787 123-4567		CITY, STATE, ZIP PHONE	
ORIGIN OF ANIMALS <input type="checkbox"/> same as above <input checked="" type="checkbox"/> PREMISES ID#		DESTINATION OF ANIMALS <input type="checkbox"/> same as above <input checked="" type="checkbox"/> PREMISES ID#		TEST RECORDS - Are legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to all copies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Record #:	
Species/Number in Shipment <input checked="" type="checkbox"/> Beef Cattle # 110 <input type="checkbox"/> Dairy Cattle # <input type="checkbox"/> Horses # <input type="checkbox"/> Sheep # <input type="checkbox"/> Goats # <input type="checkbox"/> Swine # <input type="checkbox"/> Poultry # <input type="checkbox"/> Other(specify): #		Purpose(s) of Movement (check all that apply) <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> Show <input type="checkbox"/> Race <input type="checkbox"/> Rodeo <input type="checkbox"/> Sale <input type="checkbox"/> Pet <input checked="" type="checkbox"/> Breeding <input checked="" type="checkbox"/> Feeding <input type="checkbox"/> Grazing <input type="checkbox"/> Training <input type="checkbox"/> Slaughter <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Other (specify):		CARRIER <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Car <input type="checkbox"/> Mail <input type="checkbox"/> Rail <input type="checkbox"/> Trail <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other (specify):	
		Flock/Herd Free For: <input type="checkbox"/> TB <input type="checkbox"/> Bruc <input type="checkbox"/> PRV <input type="checkbox"/> John's <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Other (specify):		State/Area Status Tuberculosis: <input checked="" type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA Brucellosis: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Class A <input type="checkbox"/> PRV Free <input type="checkbox"/> Other (specify):	

VETERINARY CERTIFICATION STATEMENTS

LINE #	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION	AGE	BREED	SEX	Bruc. Vacc. Status/Tattoo	IMPORT REQUIRED TESTS AND RESULTS Contact State of Destination for Required					TEMPERATURE (if required) VACCINATION AND/OR TREATMENT Please list Date, Product, and Reason for Vaccination/Treatment
						Date	Test	Accession #	Results +/-	Lab	
1	98 Angus X steers	8 mos	Angus	m/c							These cattle are not m branded, have not commingled w/ m branded cattle.
2	-◇- right rib										
3											
4											
5	10 Angus cows	Adult	Angus	F	RV	6/14	Bruc	14-141414	Neg	MVOL	These cattle did not originate from MT's DSA.
6	# left hip										
7	81ABC0001 - 0010										
8											
9	2 Angus bulls	2 yrs	Angus	m		6/14	Trich	14-141415	Neg	MVOL	
10	840 000 002 123456-457										

OWNER/AGENT STATEMENT

The animals in this shipment are those certified to and listed on this certificate.

SIGNATURE

DATE

OFFICIAL USE ONLY

The Veterinarian issuing this certificate is accredited and has been authorized to  
inspect animals and issue certificates

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious  
contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate  
meet the state of destination and federal interstate requirements. No further warranty is made or implied.

SIGNATURE

DATE

PRINT NAME

PHONE

E-MAIL

ADDRESS

USDA ACCREDITATION #

STATE OF LICENSE

LICENSE #

OFFICIAL OFFICE USE ONLY

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

OMB APPROVED  
0579-0036  
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**UNITED STATES INTERSTATE AND INTERNATIONAL  
CERTIFICATE OF HEALTH EXAMINATION  
FOR SMALL ANIMALS**

**WARNING:** Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

**1. TYPE OF ANIMAL SHIPPED (select one only)**

☐ Dog ☐ Cat ☐ Other  
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**

**3. TOTAL NUMBER OF ANIMALS**

**4. PAGE**

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)**

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)**

USDA License/or Registration Number (if applicable)

**7. ANIMAL IDENTIFICATION**

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
<input type="checkbox"/> 1 YEAR	<input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS		
Vaccination Date	Product	Date	Product Type and/or Results

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)**

**VETERINARY CERTIFICATION:** I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

- ☐ I have verified the presence of the microchip, if a microchip is listed in box 7.
- ☐ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
- ☐ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

**ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)**  
**PRINTED NAME OF USDA VETERINARIAN**

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

**LICENSE NUMBER AND STATE**

Accredited ☐ Yes ☐ No  
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**

**SIGNATURE OF USDA VETERINARIAN** *Apply USDA Seal or Stamp here*

**DATE**

**NOTE:** International shipments may require certification by an accredited veterinarian.

**SIGNATURE OF ISSUING VETERINARIAN**

**DATE**

APHIS Form 7001  
(NOV 2010)

This certificate is valid for 30 days after issuance

January 2015



Montana Department of Livestock  
Animal Health Division  
PO Box 202001 Helena, MT 59620-2001  
406-444-2043 ph. / 406-444-1929 fax

## MONTANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity  
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

Certificate Number

81-null-null

**OFFICIAL USE ONLY:** The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

ENTRY PERMIT #:	
INSPECTION DATE:	
SHIPMENT DATE:	
<input type="radio"/> Large Animal <input type="radio"/> Small Animal	
CONSIGNOR - Contact Person at Origin	
CONSIGNEE - Contact Person at Destination	
CARRIER (Transporter)	
First Name Last Name AND/OR	
Business Name	
Physical Address of Animals	
City State Zip Code County	
Phone Number Location ID#	
Consignor's Address (if different)	
Consignee's Address (if different) <input type="checkbox"/> Print <input type="checkbox"/> Reconsigned	
Business Name	
Physical Address	
City State Zip Code Phone Number	
Transport Method Purpose of Movement	
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	
OWNER/AGENT STATEMENT	
"The animals in this shipment are those certified to and listed on this certificate."	
DATE	
SIGNATURE	
VETERINARY CERTIFICATION - I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.	
Date Printed Name Phone Email	
Address City State Zip	
USDA Accreditation # State of License MT License #	
Signature	

Save Form

NOT OFFICIAL

ver2.1

January 2015

# Certificate of Veterinary Inspection

- ICVIS MUST INCLUDE THE FOLLOWING INFORMATION:
  - Species covered
  - Number of animals in shipment
  - Purpose for movement
  - Physical address from which animals originated
  - Physical address that animal are destined to
  - Name and address of consignor and consignee (if different)
  - Official identification must be recorded for animals required to be officially identified

# Interstate Movement Prohibited

- Equine/ bovine piroplasmosis
- Anthrax
- Cattle scabies
- Pseudorabies
- Acute swine erysipelas
- TB
- Johne's Disease
- Brucellosis
- Scrapie
- Bluetongue
- Chlamydiosis
- Salmonella enteritidis serotype enteritidis
- Newcastle Disease

See 9CFR 71.3

# Annual Horse Permit

- Frequent out-of-state exhibitors
- Replaces the regular 10 day import permit
- Renewed once a year
- \$5.00 fee per horse
- Expires December 31
- Must accompany the horse at all times
- Does not replace the requirement for a Certificate of Veterinary Inspection
- Lifetime Brand Inspection Required
- [http://liv.mt.gov/ah/forms/equine\\_import\\_permit.pdf](http://liv.mt.gov/ah/forms/equine_import_permit.pdf)

# 6 month Equine Passport

- Valid Certificate of Veterinary Inspection (SV-7) good for 6 months from date of Coggins blood draw.
- Not to be used for movement of mares and stallions for breeding purposes.
- Limited number of states participate.



# 6 month Equine Passport

- Prior to approving the 6moHP, our office must receive the intended itinerary, including dates and physical address of the destinations during the six month period, application and fee of \$5.00 per horse.
- Montana will require a lifetime brand inspection on the horse prior to approving a 6moHP.
- A completed (corrected) itinerary must be submitted to the state veterinarian's office at the end of the season, but no later than the end of calendar year.
- Issued to horse owners by the animal health office of their state of residence.
- In the case of a contagious disease event, these passports may be canceled by any of the receiving states.

# MONTANA HORSE PASSPORT

Certificate # 81-HP 013726

## CERTIFICATE OF VETERINARY INSPECTION AND INTERSTATE MOVEMENT PERMIT

VALID FOR MULTIPLE PASSAGES OF INDIVIDUAL HORSE IDENTIFIED BELOW BETWEEN PARTICIPATING STATES WHEN VALID PERMIT NUMBERS ARE RECORDED BELOW.

These permits are valid for a period of six(6) months from date the blood was drawn for the CIA test as recorded below.

Owner is responsible for providing completed itinerary to participating states visited.

State Import Permit #

CA NA

ID

MT

NV

WA

OR

WA

CA NA

ID

MT

NV

WA

OR

WA

208-237-8540

408-444-2876

NA

NA

503-593-4879

360-902-1878

NOTE - THIS DOCUMENT IS NOT A BRAND INSPECTION OR OWNERSHIP CERTIFICATE

HORSE IDENTIFICATION					
NAME, ID, TATTOO, BRAND, ETC.	AGE	BREED	SEX	COLOR	LIFETIME BRAND INSPECTION CERTIFICATE NO.
					Date Issued

### EIA TEST INFORMATION

Date drawn \_\_\_\_\_ Name of test \_\_\_\_\_  
 Date rec'd at lab \_\_\_\_\_ Antigen used \_\_\_\_\_  
 Date read \_\_\_\_\_ Accession # \_\_\_\_\_  
 Lab Name \_\_\_\_\_ Lab location \_\_\_\_\_  
 Test result \_\_\_\_\_ By \_\_\_\_\_

I hereby certify that this is a correct record of blood sample taken by me or  
 The above information is provided from a copy of the test chart signed by  
 the veterinarian whose name is printed below:

Accredited Veterinarian signature (or print name of testing Veterinarian)

### OWNER INFORMATION (Please type or print)

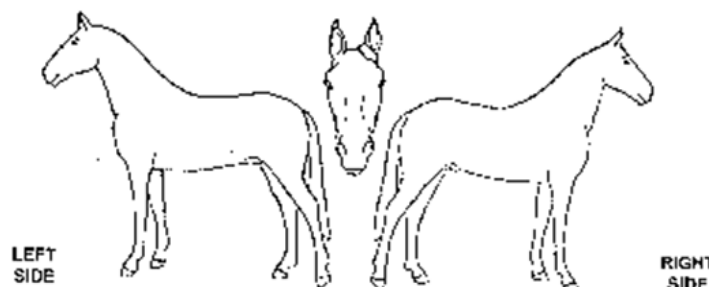
Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Horse stabled at \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Destination

Where State Office

Where State Office of Inspection

DRAW IN ALL MARKINGS AND BRANDS.



### CERTIFICATE OF VETERINARY INSPECTION (Please type or print)

Examining veterinarian \_\_\_\_\_  
 Clinic name \_\_\_\_\_  
 Clinic address \_\_\_\_\_  
 Clinic phone \_\_\_\_\_  
 Date examined \_\_\_\_\_

The horse mounted above has been examined by me and found to be free from evidence of infectious or communicable disease.

Signature of Accredited Veterinarian

State Veterinarian

Given - Owner's copy of blood

Also copy of blood test to state of destination within 10 days after permit expires.



MT DEPT OF LIVESTOCK - ANIMAL HEALTH DIVISION  
**IMPORT PERMIT SERVICE**



[INSTRUCTIONS](#) | [HOW DO I](#) | [FEEDBACK](#) | [CONTACT US](#)

## WELCOME TO THE IMPORT PERMIT SERVICE

All equines must obtain an import permit to legally enter the state of Montana. This service allows veterinarians to obtain permits in an easy-to-use online format.

Please visit our website for the latest equine import requirements:

<http://www.liv.mt.gov/ah/Import/horse.mcp>

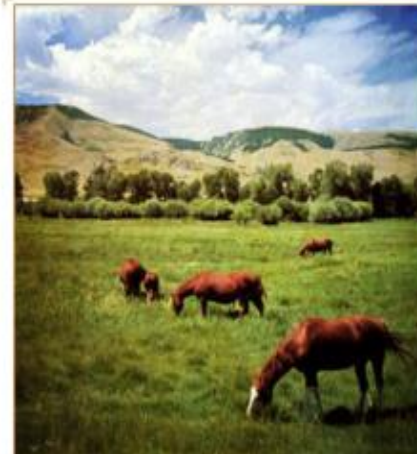
Questions? Check out the 'Instructions' and 'How do I' links in the upper right.

If you have an [mt.gov Registered User](#) account you can log into this service using your ePass Montana account. [Why become a Registered User?](#)

REGISTERED USER

PUBLIC USER

[TRY THE DEMO](#)



# Illegal Imports

- Quarantine animals until requirements have been met or until animals removed from state.
- Complete:
  - Required testing/vaccination
  - Post-import CVI

---

STATE OF MONTANA  
STEVE BULLOCK, GOVERNOR


---

DEPARTMENT OF LIVESTOCK  
PO BOX 202001  
HELENA, MONTANA 59620-2001  
FAX (406) 444-1929  
www.liv.mt.gov



Animal Health Division (406) 444-2043  
Brands Enforcement Division (406) 444-2045  
Centralized Services Division (406) 444-4994  
Executive Office/Board Of Livestock (406) 444-7323  
Meat & Poultry Inspection Division (406) 444-5202  
Milk & Egg Bureau (406) 444-9761

**MEMORANDUM**

**From:** Dr. Marty Zaluski, Administrator & State Veterinarian   
**Subject:** Traceability Requirements for Cattle Imported into Montana  
**Effective Date:** June 1, 2013

**1. Identification Requirements:**

- Official individual identification (ID) is required for all cattle except animals moving directly to a Montana approved tagging site. Additional exemptions (not applicable to exhibition animals or those with test or quarantine requirements) are:
  - Calves less than six months with dams
  - Beef steers and spayed heifers
  - Sexually intact beef cattle up to 18 months of age that are branded and have an official brand inspection certificate
- Canadian cattle must have a CAN hot iron brand that is 2-3 inches tall and applied high on the right hip

**2. Approved forms of official individual ID:**

- USDA silver ID tags
- USDA orange brucellosis vaccination tags
- Other USDA approved tags such as RFID tags

**3. Documentation Requirements:**

- A certificate of veterinary inspection (CVI) must accompany all cattle entering Montana except:
  - Cattle moving direct from farm of origin to a federally approved livestock market
  - Cattle moving direct to a federally approved slaughter facility if moving with an owner shipper statement (OSS)
- If required, official individual ID must be listed on the CVI unless:
  - Animals are branded, AND
  - Animals are individually identified, AND
  - Animals have no test or quarantine requirements and are not for exhibition, AND
  - Brand inspection certificate is attached to and cited on the CVI, AND
  - The following statement is included on the CVI:  
"The animals in this shipment are identified with official individual identification."

# Miscellaneous

- Tuberculin
- Form Orders



## Any Questions???

Tahnee Szymanski  
Assistant State Veterinarian  
406-444-5214